

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

K.C., *et al.*,

Plaintiffs,

v.

No. 1:23-CV-595

THE INDIVIDUAL MEMBERS OF THE
MEDICAL LICENSING BOARD OF
INDIANA, in their official capacities, *et al.*,

Defendants.

EXPERT DECLARATION OF DAN H. KARASIC, M.D.

I, DAN H. KARASIC, M.D., hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.
3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.
4. In preparing this declaration, I reviewed Indiana Senate Bill 480 (hereafter, “the ban”). My opinions contained in this declaration are based on: my decades of clinical experience as a psychiatrist treating patients with gender dysphoria, including adolescents, and young adults; my knowledge of the peer-reviewed research, regarding the treatment of gender dysphoria, which reflects advancements in the field of transgender health; my knowledge of the clinical practice guidelines for the treatment of gender dysphoria, including my work as a contributing author of the eighth edition of the World Professional Association for Transgender Health (“WPATH”)

Standards of Care for the Health of Transgender and Gender Diverse People (SOC 8); and my review of any of the materials cited herein.

5. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications or in response to statements and issues that may arise in my area of expertise.

SUMMARY OF OPINIONS

6. The ban prohibits medical treatments that are part of widely-accepted medical protocols for the treatment of adolescents with gender dysphoria. The following medical groups, among others, recognize that gender-affirming health care is safe and effective for adolescents: American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychological Association, the American Psychiatric Association, and the American Medical Association, among many other mainstream medical organizations.

7. The accepted protocols for the treatment of adolescents with gender dysphoria provide for careful mental health assessments, including of co-occurring conditions; stringent criteria for eligibility for each treatment; and a thorough informed consent process with the adolescent and their parents, before any medical interventions are initiated.

8. Decades of medical research and clinical experience have demonstrated that the banned medical treatments are safe, effective, and medically necessary to relieve gender dysphoria for many adolescents.

9. I have seen first-hand, countless times over decades of practice, the many benefits of this treatment. Denying gender-affirming medical care to adolescents for whom it is medically

indicated puts them at risk of significant harm to their health and well-being, including heightened risk of depression and suicidality.

10. For adolescents for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective.

11. When gender dysphoria persists until the beginning of puberty, it is rare for it to resolve on its own. The “watchful waiting” approach followed by some clinicians for pre-pubertal children does not apply to adolescents with gender dysphoria.

I. BACKGROUND AND QUALIFICATIONS

12. I am a Professor Emeritus of Psychiatry at the UCSF School of Medicine. I have been on faculty at the University of California – San Francisco since 1991. I have also had a telepsychiatry private practice since 2020.

13. I received my Doctor of Medicine (M.D.) degree from the Yale Medical School in 1987. In 1991, I completed my residency in psychiatry at the University of California – Los Angeles Neuropsychiatric Institute, and from 1990 to 1991, I was a postdoctoral fellow at UCLA in a training program in mental health services for persons living with AIDS.

14. For over thirty years, I have worked with patients with gender dysphoria. I am a Distinguished Life Fellow of the American Psychiatric Association and the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, as well as the sole author of the chapter on transgender care in the American Psychiatric Press’s Clinical Manual of Cultural Psychiatry, Second Edition.

15. Over the past 30 years, I have provided care for thousands of transgender patients. For 17 years, I was the psychiatrist for the Dimensions Clinic for transgender youth in San

Francisco, and also have provided care for many adolescents in my UCSF faculty practice and my current private practice.

16. I previously sat on the Board of Directors of the World Professional Association for Transgender Health (WPATH) and am a co-author of the *WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, Version 8, which are the internationally accepted guidelines designed to promote the health and welfare of transgender, transsexual, and gender variant persons.

17. As a member of the WPATH Global Education Initiative, I helped develop a specialty certification program in transgender health and helped train over 2,000 health providers. At UCSF, I developed protocols and outcome measures for the Transgender Surgery Program at the UCSF Medical Center. I also served on the Medical Advisory Board for the UCSF Center of Excellence for Transgender Care, and co-wrote the mental health section of the original *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* and the revision in 2016.

18. I have also worked with the San Francisco Department of Public Health, having developed and implemented programs for the care of transgender patients and for mental health assessments for gender-affirming surgery. I served on the City and County of San Francisco Human Rights Commission's LGBT Advisory Committee, and I have been an expert consultant for California state agencies and on multiple occasions for the United Nations Development Programme on international issues in transgender care.

19. I have held numerous clinical positions concurrent to my clinical professorship at UCSF. Among these, I served as an attending psychiatrist for San Francisco General Hospital's consultation-liaison service for AIDS care, as an outpatient psychiatrist for HIV-AIDS patients at

UCSF, as a psychiatrist for the Transgender Life Care Program and the Dimensions Clinic at Castro Mission Health Center, and the founder and co-lead of the UCSF Alliance Health Project's Transgender Team. In these clinical roles, I specialized in the evaluation and treatment of transgender, gender dysphoric, and HIV-positive patients. I also regularly provide consultation on challenging cases to psychologists and other psychotherapists working with transgender and gender dysphoric patients. I have been a consultant in transgender care to the California Department of State Hospitals and the California Department of Corrections and Rehabilitation on the care of incarcerated transgender people.

20. In addition to this work, I have done research on the treatment of depression. I have authored many articles and book chapters, and edited the book *Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation*.

21. In preparing this declaration, I have relied on my training and years of research and clinical experience, as set out in my curriculum vitae, and on the materials listed therein. A true and accurate copy of my curriculum vitae is attached hereto as **Exhibit A**. It documents my education, training, research, and years of experience in this field and includes a list of publications.

22. I have also reviewed the materials cited in the Bibliography, attached hereto as **Exhibit B**. These sources are authoritative, scientific peer-reviewed publications.

23. The materials I have relied upon in preparing this declaration are the same types of materials that experts in my field of study regularly rely upon when forming opinions on the subject. I reserve the right to revise and supplement the opinions expressed in this report or the bases for them if any new information becomes available in the future, including as a result of new

scientific research or publications or in response to statements and issues that may arise in my area of expertise.

Prior Testimony

24. In the last four years, I have testified as an expert by deposition in *Kadel v. Folwell*, 19-cv-00272 (M.D.N.C.), *Fain v. Crouch*, 20-cv-00740 (S.D.W. Va.), *C.P. v. Blue Cross Blue Shield of Illinois*, No.20-cv-06145-RJB (W.D. Wash.), by deposition in *Dekker et al., v. Weida, et al.*, No. 4:22-cv-325 (N.D. Fla), and by deposition and at trial in *Dylan Brandt, et al., v. Leslie Rutledge, et al.*, No. 21-CV-450 (E.D. Ark.).

Compensation

25. I am being compensated for my work on this matter at a rate of \$400.00 per hour for preparation of declarations and expert reports. I will be compensated \$3,200.00 per day for any deposition testimony or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

II. EXPERT OPINIONS

A. Gender Identity

26. At birth, infants are assigned a sex, either male or female, based on the appearance of their external genitalia.

27. The ban defines sex as “the biological state of being male or female, based on the individual’s sex organs, chromosomes, and endogenous hormone profiles.” But the reality is that sex is complicated and multifactorial. Aside from external genital characteristics, chromosomes, and endogenous hormones, other factors related to sex include gonads, gender identity, and variations in brain structure and function. Because these factors may not always be in perfect

alignment as typically male or typically female, “the terms biological sex and biological male or female are imprecise and should be avoided.” (Hembree, et al., 2017).

28. Gender identity is “a person’s deep felt, inherent sense of being a girl, woman, or female; a man, or male; a blend of male or female; [or another] gender.” (American Psychological Association, 2015, p. 862). Everyone has a gender identity. Gender identity does not always align with a person’s sex assigned at birth. Gender identity, which has biological bases, is not a product of external influence and not subject to voluntary change. As documented by multiple leading medical authorities, efforts to change a person’s gender identity are ineffective, can cause harm, and are unethical. (American Psychological Association, 2021; Byne, et al., 2018; Coleman, et al., 2012).

29. For most people, their sex assigned at birth, or assigned sex, matches that person’s gender identity. For transgender people, their assigned sex does not align with their gender identity. Based on data from the Williams Institute, approximately 0.6% of the United States population age 13 or older, or about 1.6 million people, identify as transgender. In Indiana, estimates are that around 4,100 people age 13-17 are transgender and approximately 25,800 adults age 18 or older are transgender. (Herman, et al., 2022).

B. Gender Dysphoria and Its Diagnostic Criteria

30. The term “gender dysphoria” is distress related to the incongruence between one’s gender identity and attributes related to one’s sex assigned at birth.

31. “Gender Dysphoria in Children” is a diagnosis applied only to pre-pubertal children in the Diagnostic and Statistical Manual Fifth Edition (DSM-5), released in 2013. The criteria are:

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or insistence that one is the other gender (or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
 3. A strong preference for cross-gender roles in make-believe play or fantasy play.
 4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
 5. A strong preference for playmates of the other gender.
 6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
 7. A strong dislike of one's sexual anatomy.
 8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.
- B. The condition is associated with clinically significant distress or impairment in social circles, school, or other important areas of functioning.
32. The DSM-5 has a separate diagnosis of "Gender Dysphoria in Adolescents and Adults". The criteria are:
- A. A marked incongruence between experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
 1. A marked incongruence between one's experienced/expressed gender and primary or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

33. Simply being transgender or gender nonconforming is not a medical condition to be treated. As the DSM-5 recognizes, diagnosis and treatment are “focus[ed] on dysphoria as the clinical problem, not identity per se.” (DSM-5, at 451). The DSM-5 unequivocally repudiated the outdated view that being transgender is a pathology by revising the diagnostic criteria (and name) of gender dysphoria to recognize the clinical distress as the focus of the treatment, not the patient's transgender status.

C. Gender Dysphoria Treatment Protocols for Adolescents

34. The World Professional Association of Transgender Health (WPATH) has issued *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (“WPATH SOC”) since 1979. The current version, published in 2022, is WPATH SOC 8. The SOC 8 provides guidelines for multidisciplinary care of transgender individuals, including children and adolescents, and describes criteria for medical interventions to treat gender dysphoria, including hormone treatment and surgery when medically indicated.

35. The SOC 8 is based upon a rigorous and methodological evidence-based approach to outline treatment recommendations. These recommendations are evidence-based, informed by

a systematic review of evidence and an assessment of the benefits and harms of alternative care options, as well as expert consensus. The process for development of SOC 8 incorporated recommendations on clinical practice guideline development from the National Academies of Medicine and The World Health Organization. Its recommendations were graded using a modified GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) methodology considering the available evidence supporting interventions, risks and harms, and feasibility and acceptability. The evidence base supporting the recommendations in the WPATH Standards of Care is comparable to the evidence base supporting treatment for other conditions.

36. The WPATH Standards of Care are widely accepted in the medical community and relied upon by clinicians treating patients with gender dysphoria.

37. A clinical practice guideline from the Endocrine Society (the Endocrine Society Guideline) provides similar protocols for the medically necessary treatment of gender dysphoria. (Hembree, et al, 2017).

38. In accordance with the WPATH SOC 8 and the Endocrine Society Guideline, medical interventions to treat gender dysphoria may include treatment with pubertal suppression, hormones, and surgery depending on the age and medical needs of each individual.

39. No medical or surgical treatment for gender dysphoria is provided to pre-pubertal children. For pre-pubertal children, interventions are directed at supporting the child with family, peers, and at school, as well as supportive individual psychotherapy for the child as needed.

40. Adolescents (which generally refers to minors after the onset of puberty) with gender dysphoria may be treated with medications to delay pubertal changes in the early stages of puberty if they are causing distress. Puberty blockers allow the adolescent time to better understand

their gender identity, while delaying distress from the development of secondary sex characteristics such as breasts or facial hair.

41. Under the WPATH Standards of Care, puberty-delaying medication for transgender adolescents after the beginning of puberty and gender-affirming hormone therapy for older adolescents may be medically indicated if the following criteria are met: (a) Gender diversity/incongruence is marked and sustained over time; (b) Meets the diagnostic criteria of Gender Dysphoria; (c) Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment; (d) Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally; (e) Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility.

42. For minor patients, all treatment decisions are made in consultation with the patient and the patient's parents or guardian. Consent for medical intervention is provided by the parent in the case of any minor receiving treatment.

43. After ongoing work with mental health professionals and when the adolescent has lived in accordance with their gender identity for a significant period of time, they may start treatment with hormones (testosterone for transgender boys, estrogen and testosterone suppressants for transgender girls) if and when medically indicated.

44. Affirming care for transgender youth does not mean steering them in any particular direction, but rather supporting them through their period of exploration of gender expression and increasing self-awareness of their identity. (Coleman, et al., 2012, at 181; Ehrensaft, 2017).

45. The WPATH SOC 8 and the Endocrine Society Guideline further provide that before any medical or surgical interventions are provided to adolescents, a careful mental health assessment should be conducted to ascertain whether the diagnostic criteria for Gender Dysphoria in Adolescents and Adults are met, and the appropriateness of such care for the patient. The Endocrine Society Guideline states that only “[mental health professionals] who ha[ve] training/experience in child and adolescent gender development (as well as child and adolescent psychopathology) should make the diagnosis,” which usually includes “a complete psychodiagnostic assessment.” (Hembree, 2017). It further provides that because gender dysphoria “may be accompanied with psychological or psychiatric problems” it is necessary that clinicians involved in diagnosis and psychosocial assessment meet specific competency requirements and that they undertake or refer for appropriate psychological or psychiatric treatment. *Id.* And “in cases in which severe psychopathology” “interfere[s] with diagnostic work or make[s] satisfactory treatment unlikely, clinicians should assist the adolescent in managing these other issues.” *Id.*

46. As with all medical care, the care provided to transgender young people with gender dysphoria is tailored to the unique needs of each patient based on their individual experiences, proximity to specialists, and general health, as well as the clinical experience of practitioners.

D. Evidence of Efficacy of Medical Treatments

47. There is substantial evidence that puberty blockers and hormone therapy are effective treatments for adolescents with gender dysphoria. This evidence includes scientific studies assessing mental health outcomes for adolescents who are treated with these interventions, and decades of clinical experience.

48. Medical treatment for gender dysphoria has been studied for over half a century, and there is substantial evidence that it improves quality of life and measures of mental health. (Cornell, “What We Know” review).

49. The studies on gender-affirming medical care for adolescents with gender dysphoria are consistent with decades of clinical experience of mental health providers across the U.S. and around the world. At professional conferences and other settings in which I interact with colleagues, clinicians report that gender-affirming medical care, for those for whom it is indicated, provides great clinical benefit. In my 30 years of clinical experience treating gender dysphoric patients, including 19 years working with adolescents, I have seen the benefits of gender affirming medical care on my patients’ health and well-being. I have seen many patients show improvement in mental health, as well as in performance in school, in social functioning with peers, and in family relationships when they experience relief from gender dysphoria with gender-affirming medical care.

50. Claims that the risks outweigh the benefits of treatment are without foundation. The benefits of treatment, and risks of withholding care, for transgender youth with gender dysphoria are clear, as described and referenced above. In addition, a treating doctor will not offer gender-affirming medical treatments unless they have concluded after weighing the risks and benefits of care that treatment is appropriate. The risks and benefits of care are discussed with the minor’s parents, who must consent to treatment, and to the youth, who must assent. This process is no different than the informed consent process for other treatments. However, for gender-affirming medical care, there may be the additional safeguard of the assessment by a mental health professional, who, in addition to diagnosing gender dysphoria, also reviews the risks and benefits of treatment with the youth and parents.

51. Regret among those who are treated with gender-affirming medical care is rare. For example, in one study in the Netherlands, none of the youth who received puberty blockers, hormones, and surgery, and followed over an 8-year period expressed regret. (DeVries 2014.) Zucker et al. (2010), summarizing key studies on regret for adolescents referred for surgery when they reached the age of majority in the Netherlands, states, “there was virtually no evidence of regret, suggesting that the intervention was effective.” This is consistent with my observations in decades of clinical practice.

52. Regret rates for gender affirming surgery in adults are also very low. A pooled review across multiple studies of 7,928 patients receiving gender affirming surgery showed a regret rate of 1%. (Bustos, et al., 2021). Over 50 years of gender affirming surgery in Sweden, the regret rate, as measured by legal gender change reversal, was 2%. (Dhejne, et al 2014). These are very low regret rates for surgery. For example, 47% of women expressed at least some regret after reconstructive breast surgery following mastectomy for breast cancer. (Sheehan et al 2008).

53. Many bills like the one passed in Indiana claim that for most youth, gender dysphoria will resolve on its own, making medical interventions unnecessary. These claims are inaccurate and are often in reference to a body of literature sometimes referred to as “desistance” studies, that found that many pre-pubertal children diagnosed with Gender Identity Disorder in Children (a precursor diagnosis to Gender Dysphoria in Children in the DMS III-R and DSM-IV) identified with their sex assigned at birth at a later follow up. Reliance on this research is misplaced for two reasons. First, the diagnostic criteria for Gender Identity Disorder in Children were different from the diagnostic criteria for Gender Dysphoria in Children in meaningful ways that result in the desistance studies grossly overestimating the rate of desistance. Gender Identity Disorder in Children did not require identification with a gender other than the one assigned to the

person at birth. A diagnosis could be made solely on the basis of gender atypical behavior, such as a boy who prefers playing with dolls and dress-up. This means that a child could be diagnosed with Gender Identity Disorder without ever having a transgender identity and, therefore, any study that selected subjects based on this diagnosis could include individuals who never had a gender identity that differed from the sex they were assigned at birth. This problem with the diagnosis was remedied with the DSM-V diagnosis of “Gender Dysphoria in Children,” which requires a child to have “a strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender).” Under this updated diagnosis, a child could not be diagnosed based solely on gender atypical behavior without identifying as a different sex than the one assigned at birth. Because the desistance studies were all conducted prior to the DSM-V, a child did not need to have a transgender identity to be included in the study. Additionally, in some studies, the children did not even meet the looser criteria for Gender Identity Disorder, but were entered in the studies based on parents bringing the youth to the gender clinic. It is not surprising that many children in these studies did not identify as transgender at follow-up as these children were never transgender and never identified with a gender different from their assigned sex at birth.

54. Second, the desistance studies focused only on pre-pubertal children. Whatever conclusions can be drawn from them about the likelihood of persistence of gender dysphoria in pre-pubertal children, which again is uncertain given the diagnostic limitations identified above, data indicates that once youth reach the beginning of puberty and identify as transgender, desistance is rare. (DeVries, et al., 2011, Wiepjes, et al 2018, Brik, et al, 2020). This data is consistent with clinical experience. In fact, the Amsterdam and Toronto gender centers that published the desistance data on pre-pubertal children referenced above provided medical

interventions to youth whose gender dysphoria persisted into adolescence. (Zucker, et al 2010, DeVries, et al 2014). No medical treatments are used prior to adolescence, so the persistence and desistance rates of pre-pubertal children do not inform the decision whether or not to initiate gender affirming medical treatments in adolescents.

55. “Watchful waiting” is an approach that has been described with respect to the care of pre-pubertal children with gender dysphoria. This approach involves a stance that is neither affirming nor rejecting of a child’s asserted gender, but generally does not support social transition in pre-pubertal children. “Watchful waiting” does not apply to adolescents or speak to the appropriateness of medical interventions for adolescents with gender dysphoria. Indeed, the Dutch researchers who coined the term “watchful waiting” for pre-pubertal patients provide puberty blockers, then hormones, when medically indicated during adolescence and have published the successful use of this series of treatments. (Ehrensaft, 2017; DeVries, 2014).

56. Gender-affirming medical interventions in accordance with the WPATH SOC 8 and Endocrine Society Guideline are widely recognized in the medical community as safe, effective, and medically necessary for many adolescents with gender dysphoria. (See American Academy of Pediatrics, 2018; the American Medical Association, 2021; the Endocrine Society, 2020; the Pediatric Endocrine Society, 2021; the American Psychiatric Association, 2018; the American Psychological Association, 2021; the American Congress of Obstetricians and Gynecologists, 2021; the American Academy of Family Physicians (2020); and WPATH (2022)).

E. Harms of Denying Gender-Affirming Care

57. The overarching goal of treatment is to eliminate the distress of gender dysphoria by helping align an individual patient’s body and presentation with their gender identity. The denial of medically indicated care to patients with gender dysphoria not only results in the

prolonging of their dysphoria, but also causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality. In other words, lack of access to gender-affirming care directly contributes to poorer mental health outcomes for transgender people. (Owen-Smith, et al., 2018).

58. For patients for whom gender-affirming medical care is indicated, no alternative treatments have been demonstrated to be effective. To the extent one proposed alternative is psychotherapeutic treatment to encourage identification with a person's assigned sex at birth, the American Psychological Association has stated that such efforts provide no benefit and instead do harm. (APA 2021). Or if an alternative approach is to treat the worsening dysphoria only with therapy, that has not shown to be effective in any research.

59. I have had patients over the years who were unable to access gender-affirming care when it was clinically indicated, including in the years before this care was more widely available, as well as minors who could not access care due to lack of parental consent. In many of these patients, delayed or denied care resulted in increased depression, anxiety, suicidal ideation and self-harm, increased substance use, and a deterioration in school performance. For patients with severe distress due to sex characteristics, psychotherapeutic approaches did not alleviate this distress absent medical intervention. Some of my patients had years of intensive mental health interventions, including long-term psychotherapy, without relief of gender dysphoria until receiving medical intervention.

60. Accordingly, major medical organizations, such as the American Medical Association, American Psychiatric Association, the Endocrine Society, American College of Obstetricians and Gynecologists, and American Academy of Family Physicians oppose the denial of this medically necessary care and support public and private health insurance coverage for

treatment of gender dysphoria as recommended by the patient's physician. (American Medical Association, 2021; American Psychiatric Association, 2018; Endocrine Society, 2012, American Congress of Obstetricians and Gynecologists, 2021; American Academy of Family Physicians, 2020). Denial of this appropriate care for transgender adolescents is also opposed by medical professional organizations responsible for the care of youth, including the American Academy of Pediatrics, the Academy of Child and Adolescent Psychiatry, and the Pediatric Endocrine Society. (American Academy of Pediatrics, 2018; American Academy of Child and Adolescent Psychiatry, 2019; The Pediatric Endocrine Society, 2021.)

CONCLUSION

61. The ban prohibits widely-accepted, evidence-based medical treatments for gender dysphoria in adolescents. Decades of medical research and clinical experience demonstrate that these medical treatments are safe, effective, and medically necessary to relieve gender dysphoria for many adolescents. The ban prohibits the only treatments demonstrated to be effective for adolescents for with gender dysphoria for whom gender-affirming medical care is indicated. Consistent with my first-hand clinical experience over decades of practice, denying gender-affirming medical care to adolescents for whom it is medically indicated puts them at risk of significant harm to their health and well-being.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed this 17th day of April, 2023.

A handwritten signature in black ink, appearing to read 'D Karasic', is positioned above a horizontal line.

Dan H. Karasic, M.D.

University of California, San Francisco**CURRICULUM VITAE****Name:** Dan H. Karasic, MD**Position:** Professor Emeritus
Psychiatry
School of Medicine

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Fax: 888-232-9336

EDUCATION

1978 - 1982	Occidental College, Los Angeles	A.B.; Summa Cum Laude	Biology
1982 - 1987	Yale University School of Medicine	M.D.	Medicine
1987 - 1988	University of California, Los Angeles	Intern	Medicine, Psychiatry, and Neurology
1988 - 1991	University of California, Los Angeles; Neuropsychiatric Institute	Resident	Psychiatry
1990 - 1991	University of California, Los Angeles; Department of Sociology	Postdoctoral Fellow	Training Program in Mental Health Services for Persons with AIDS

LICENSES, CERTIFICATION

1990	Medical Licensure, California, License Number G65105
1990	Drug Enforcement Administration Registration Number BK1765354
1993	American Board of Psychiatry and Neurology, Board Certified in Psychiatry

PRINCIPAL POSITIONS HELD

1991 - 1993	University of California, San Francisco	Health Sciences Psychiatry Clinical Instructor
1993 - 1999	University of California, San Francisco	Health Sciences Psychiatry Assistant Clinical Professor

1999 - 2005	University of California, San Francisco	Health Sciences Psychiatry Associate Clinical Professor
2005 - present	University of California, San Francisco	Health Sciences Psychiatry Clinical Professor

OTHER POSITIONS HELD CONCURRENTLY

1980 - 1980	Associated Western Universities / U.S. Department of Energy	Honors Undergraduate Research Fellow	UCLA Medicine
1981 - 1981	University of California, Los Angeles; Medicine American Heart Association, California Affiliate	Summer Student Research Fellow	UCLA
1986 - 1987	Yale University School of Medicine; American Heart Association, Connecticut Affiliate	Medical Student Research Fellow	Psychiatry
1990 - 1991	University of California, Los Angeles	Postdoctoral	Sociology Fellow
1991 - 2001	SFGH Consultation-Liaison Service; AIDS Care	Attending Psychiatrist	Psychiatry
1991 - 2001	AIDS Consultation-Liaison Medical Student Elective	Course Director	Psychiatry
1991 - present	UCSF Positive Health Program at San General Hospital (Ward 86)	HIV/AIDS Outpatient Psychiatrist	Psychiatry Francisco
1991 - present	UCSF AHP (AIDS Health Project/Alliance Health Project)	HIV/AIDS Outpatient Psychiatrist	Psychiatry
1994 - 2002	St. Mary's Medical Center CARE Unit. The CARE Unit specializes in the care of patients with AIDS dementia.	Consultant	Psychiatry
2001 - 2010	Depression and Antiretroviral Adherence Study (The H.O.M.E. study: Health Outcomes of Mood Enhancement)	Clinical Director	Psychiatry and Medicine
2003 - 2020	Transgender Life Care Program and Clinic, Castro Mission Health	Psychiatrist Clinic Center	Dimensions Dimensions
2013 - 2020	UCSF Alliance Health Project, Co-lead, Transgender Team	Co-Lead and Psychiatrist	Psychiatry

HONORS AND AWARDS

1981	Phi Beta Kappa Honor Society	Phi Beta Kappa
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1990	NIMH Postdoctoral Fellowship in Health Services for People with AIDS (1990-1991)	National Institute of Mental Health Mental Health Services for People with AIDS (1990-1991)
2001	Lesbian Gay Bisexual Transgender Leadership Award, LGBT Task Force of the Cultural Competence and Diversity Program	SFGH Department of Psychiatry
2006	Distinguished Fellow	American Psychiatric Association
2012	Chancellor's Award for Leadership in LGBT Health	UCSF
2023	Alumni Seal Award for Achievement	Occidental College Professional

MEMBERSHIPS

- 1992 - present Northern California Psychiatric Society
- 1992 - present American Psychiatric Association
- 2000 - 2019 Bay Area Gender Associates (an organization of psychotherapists working with transgendered clients)
- 2001 - present World Professional Association for Transgender Health

SERVICE TO PROFESSIONAL ORGANIZATIONS

- 1981 - 1982 The Occidental News Editor
- 1984 - 1985 Yale University School of Medicine Class President
- 1989 - 1991 Kaposi's Sarcoma Group, AIDS Project Los Angeles Volunteer Facilitator
- 1992 - 1996 Early Career Psychiatrist Committee, Association of Gay and Lesbian Psychiatrists Chair and
- 1992 - 1996 Board of Directors, Association of Gay and Lesbian Psychiatrists Member Psychiatrists
- 1993 - 1993 Local Arrangements Committee, Association of Gay and Lesbian Psychiatrists Chair Lesbian
- 1994 - 1995 Educational Program, Association of Gay and Lesbian Psychiatrists, 1995 Annual Meeting Director Psychiatrists,
- 1994 - 1998 Board of Directors, BAY Positives Member
- 1994 - present Committee on Lesbian, Gay, Bisexual and Transgender Issues, Northern California Psychiatric Society Member
- 1995 - 1997 Board of Directors, Bay Area Young Positives. BAY President

Positives is the nation's first community-based organization providing psychosocial and recreational services to HIV-positive youth

1995 - 1997	Executive Committee, Bay Area Young Positives.	Chair
1996 - 2004	Committee on Lesbian, Gay, Bisexual and Transgender Northern California Psychiatric Society	Chair Issues,
1998 - 2002	City of San Francisco Human Rights Commission, Gay Bisexual Transgender Advisory Committee	Member Lesbian,
2000 - 2004	Association of Gay and Lesbian Psychiatrists. Vice President Responsible for the organization's educational programs	
2004 - 2005	Association of Gay and Lesbian Psychiatrists	President-elect
2005 - 2007	Caucus of Lesbian, Gay, and Bisexual Psychiatrists of the Chair American Psychiatric Association	
2005 - 2007	Association of Gay and Lesbian Psychiatrists	President
2007 - 2009	Association of Gay and Lesbian Psychiatrists	Immediate Past President
2009 - 2010	Consensus Committee for Revision of the Sexual and Gender Identity Disorders for DSM-V, GID of Adults subcommittee. (Wrote WPATH recommendations as advisory body to the APA DSM V Committee for the Sexual and Gender Identity Disorders chapter revision.)	Member
2010 - 2011	Scientific Committee, 2011 WPATH Biennial Symposium, Member Atlanta	
2010 -2022	World Professional Association for Transgender Care Standards of Care Workgroup and Committee (writing seventh and eighth revisions of the WPATH Standards of Care, which is used internationally for transgender care.)	Member
2010 - 2018	ICD 11 Advisory Committee, World Professional Association for Transgender Health	Member
2012 - 2014	Psychiatry and Diagnosis Track Co-chair, Scientific 2014 WPATH Biennial Symposium, Bangkok	Member Committee,
2014 - 2016	Scientific Committee, 2016 WPATH Biennial Symposium, Member Amsterdam	
2014 - 2018	Board of Directors (elected to 4 year term), World Association for Transgender Health	Member Professional
2014 - 2018	Public Policy Committee, World Professional Association Chair for Transgender Health	
2014 - 2018	WPATH Global Education Initiative: Training providers and specialty certification in transgender health	Trainer and Steering Committee Member

2014 - 2016 American Psychiatric Association Workgroup on Gender Member Dysphoria
 2016 - present American Psychiatric Association Workgroup on Gender Chair Dysphoria
 2016 USPATH: Inaugural WPATH U.S. Conference, Los Angeles, 2017 Conference Chair

SERVICE TO PROFESSIONAL PUBLICATIONS

2011 - present Journal of Sexual Medicine, reviewer
 2014 - present International Journal of Transgenderism, reviewer
 2016 - present LGBT Health, reviewer

INVITED PRESENTATIONS - INTERNATIONAL

2009	World Professional Association for Transgender Health, Oslo, Norway	Plenary Session Speaker
2009	World Professional Association for Transgender Health, Oslo, Norway	Symposium Speaker
2009	Karolinska Institutet, Stockholm Sweden	Invited Lecturer
2012	Cuban National Center for Sex Education (CENESEX), Cuba	Invited Speaker Havana,
2013	Swedish Gender Clinics Annual Meeting, Stockholm, Sweden	Keynote Speaker
2013	Conference on International Issues in Transgender care, United Nations Development Programme - The Lancet, Beijing, China	Expert Consultant
2014	World Professional Association for Transgender Health, Thailand	Track Chair Bangkok,
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2014	World Professional Association for Transgender Health, Bangkok, Thailand	Invited Speaker
2015	European Professional Association for Transgender Health, Ghent, Belgium	Invited Speaker Health,
2015	European Professional Association for Transgender Health, Ghent, Belgium	Symposium Chair
2015	Israeli Center for Human Sexuality and Gender Identity,	Invited Speaker Tel Aviv
2016	World Professional Association for Transgender Health, Amsterdam	Symposium Chair
2016	World Professional Association for Transgender Health, Amsterdam	Invited Speaker
2016	World Professional Association for Transgender Health,	Invited Speaker

Amsterdam 2017
 Brazil Professional
 Association for Transgender
 Health, Sao Paulo

2017 Vietnam- United Nations Development Programme Asia
 Transgender Health Conference, Hanoi

2018 United Nations Development Programme Asia Conference on
 Transgender Health and Human Rights, Bangkok

2018 World Professional Association for Transgender Health, Invited Speaker Buenos
 Aires

2021 Manitoba Psychiatric Association, Keynote Speaker

INVITED PRESENTATIONS - NATIONAL

1990 Being Alive Medical Update, Century Cable Television Televised Lecturer

1992 Institute on Hospital and Community Psychiatry, Toronto Symposium Speaker

1992 Academy of Psychosomatic Medicine Annual Meeting, Symposium
 San Diego Speaker

1994 American Psychiatric Association 150th Annual Meeting, Workshop Chair
 Philadelphia

1994 American Psychiatric Association 150th Annual Meeting, Workshop Speaker
 Philadelphia

1994 American Psychiatric Association 150th Annual Meeting, Paper Session Co-
 Philadelphia chair

1995 Spring Meeting of the Association of Gay and Lesbian Psychiatrists, Miami Beach Symposium Chair

1996 American Psychiatric Association 152nd Annual Meeting, Workshop Speaker
 New York

1997 American Psychiatric Association Annual Meeting, San Diego Workshop Speaker

1997 Gay and Lesbian Medical Association Annual Invited Speaker Symposium

1998 American Psychiatric Association Annual Meeting, Workshop Chair
 Toronto

1998 American Psychiatric Association Annual Meeting, Workshop Chair
 Toronto

1998 American Psychiatric Association Annual Meeting, Media Session
 Toronto Chair

1998 American Psychiatric Association Annual Meeting, Media Session

	Toronto	Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Chair
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Symposium Presenter
1999	American Psychiatric Association Annual Meeting, Washington, D.C.	Workshop Chair
2000	American Psychiatric Association Annual Meeting, Chicago	Workshop Chair
2000	National Youth Leadership Forum On Medicine, University of California, Berkeley	Invited Speaker
2001	American Psychiatric Association Annual Meeting, New Orleans	Workshop Chair
2001	American Psychiatric Association Annual Meeting, New Orleans	Media Program Chair
2001	Association of Gay and Lesbian Psychiatrists	Chair Symposium, New Orleans
2001	Harry Benjamin International Gender Dysphoria Association Biennial Meeting, Galveston, Texas	Invited Speaker
2002	American Psychiatric Association Annual Meeting, Philadelphia	Media Program Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2002	American Psychiatric Association Annual Meeting, Philadelphia	Workshop Chair
2003	Association of Gay and Lesbian Psychiatrists CME	Chair Conference
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Symposium Co-Chair
2003	American Psychiatric Association Annual Meeting, San Francisco	Workshop Chair
2003	American Public Health Association Annual Meeting, San Francisco	Invited Speaker
2004	Mission Mental Health Clinic Clinical Conference	Invited Speaker
2004	Association of Gay and Lesbian Psychiatrists Conference, New York	Co-Chair
2004	Mental Health Care Provider Education Program: Los	Invited Speaker

	Angeles. Sponsored by the American Psychiatric Association Office of HIV Psychiatry	
2005	American Psychiatric Association Annual Meeting, Atlanta	Workshop Speaker
2005	Association of Gay and Lesbian Psychiatrists Saturday Symposium	Invited Speaker
2008	Society for the Study of Psychiatry and Culture, San Francisco	Invited Speaker
2009	American Psychiatric Association Annual Meeting, San Francisco	Symposium Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	National Transgender Health Summit, San Francisco	Invited Speaker
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Chair
2011	American Psychiatric Association Annual Meeting, Honolulu, HI	Symposium Speaker
2011	World Professional Association for Transgender Health Conference, Atlanta, GA	Invited Speaker Biennial
2011	World Professional Association for Transgender Health Conference, Atlanta, GA	Invited Speaker Biennial

		Invited Speaker
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA	
2011	Institute on Psychiatric Services, San Francisco	Invited Speaker
2012	Gay and Lesbian Medical Association Annual Meeting	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	National Transgender Health Summit, Oakland, CA	Invited Speaker
2013	American Psychiatric Association Annual Meeting, San Francisco	Invited Speaker
2013	Gay and Lesbian Medical Association, Denver, CO	Invited Speaker
2014	American Psychiatric Association Annual Meeting, New York	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Moderator
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2014	Institute on Psychiatric Services, San Francisco	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	National Transgender Health Summit, Oakland, CA	Invited Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Workshop Speaker
2015	American Psychiatric Association Annual Meeting, Toronto	Course Faculty
2016	American Psychiatric Association Annual Meeting	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Atlanta	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Springfield, MO	Course Faculty
2016	World Professional Association for Transgender Health Global Education Initiative, Fort Lauderdale, FL	Course Faculty
2017	World Professional Association for Transgender Health, GEI, Los Angeles	Course Faculty
	World Professional Association for Transgender Health	

Surgeon's Training, Irvine, CA Course Faculty

2017	American Urological Association Annual Meeting, San Francisco CA Invited Speaker
2018	World Professional Association for Transgender Health GEI, Portland OR, Course Faculty
2018	World Professional Association for Transgender Health GEI, Palm Springs, Course Faculty
2019	American Society for Adolescent Psychiatry Annual Meeting, San Francisco, Speaker
2019	American Psychiatric Association Annual Meeting, San Francisco, Session Chair
2020	Psychiatric Congress, Invited Speaker
2022	World Professional Association for Transgender Health, Montreal, invited speaker
2023	National Transgender Health Summit, San Francisco, invited speaker
2023	American Psychiatric Association Annual Meeting, San Francisco, invited speaker

INVITED PRESENTATIONS - REGIONAL AND OTHER INVITED PRESENTATIONS

1990	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Symposium Speaker
1991	Joint Project of the Southern California AIDS Interfaith Council and UCLA School of Medicine	Workshop Panelist
1992	Advanced Group Therapy Seminar, UCLA Neuropsychiatric Institute	Invited Lecturer
1993	UCSF School of Nursing	Invited Lecturer
1995	UCSF/SFGH Department of Medicine Clinical Care Conference	Invited Speaker
1996	UCSF School of Nursing	Invited Speaker
1996	Psychopharmacology for the Primary Care AIDS/Clinician, Invited Lecturer series of four lectures, UCSF Department of Medicine	

		Invited Speaker
1996	UCSF AIDS Health Project Psychotherapy Internship Training Program	
1996	UCSF/SFGH Department of Medicine AIDS Quarterly Update	Invited Speaker
1996	San Francisco General Hospital, Division of Addiction Medicine	Invited Speaker
1996	UCSF Langley Porter Psychiatric Hospital and Clinics	Invited Speaker Grand Rounds
1997	UCSF School of Nursing	Invited Speaker
1997	UCSF Department of Medicine AIDS Program	Invited Speaker
1997	Northern California Psychiatric Society Annual Meeting, Monterey	Workshop Speaker
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1997	Northern California Psychiatric Society LGBT Committee	Chair Fall Symposium
1997	Progress Foundation, San Francisco	Invited Speaker
1998	San Francisco General Hospital Department of Psychiatry	Invited Speaker Grand Rounds
1999	Northern California Psychiatric Society Annual Meeting,	Invited Speaker Santa Rosa
1999	Northern California Psychiatric Society Annual Meeting,	Invited Speaker Santa Rosa
1999	University of California, Davis, Department of Psychiatry	Invited Speaker Grand Rounds
1999	California Pacific Medical Center Department of	Invited Speaker Psychiatry Grand Rounds
1999	San Francisco General Hospital Department of Psychiatry	Discussant Departmental Case Conference
2000	Langley Porter Psychiatric Hospital and Clinics	Invited Speaker Consultation Liaison Seminar
2000	San Francisco General Hospital, Psychopharmacology	Invited Speaker Seminar
2000	UCSF Transgender Health Conference, Laurel Heights	Invited Speaker Conference Center

2000	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2000	Community Consortium Treatment Update Symposium, California Pacific Medical Center, Davies Campus	Invited Speaker
2000	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2001	Psychiatry Course for UCSF Second Year Medical Students	Invited Lecturer
2003	Tom Waddell Health Center Inservice	Invited Speaker
2003	San Francisco Veterans Affairs Outpatient Clinic	Invited Speaker
2004	San Francisco General Hospital Psychiatric Emergency Service Clinical Conference	Invited Speaker
2004	South of Market Mental Health Clinic, San Francisco	Invited Speaker
2005	Northern Psychiatric Society Annual Meeting	Invited Speaker
2005	Equality and Parity: A Statewide Action for Transgender Prevention and Care, San Francisco	Invited Speaker HIV
2005	San Francisco General Hospital Department of Psychiatry Grand Rounds.	Invited Speaker
2006	SFGH/UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2007	UCSF Department of Medicine, HIV/AIDS Grand Rounds, Positive Health Program	Invited Speaker
2007	California Pacific Medical Center LGBT Health, San Francisco LGBT Community Center	Invited Speaker Symposium,
2007	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2008	UCSF Department of Medicine, Positive Health Program, HIV/AIDS Grand Rounds	Invited Speaker
2008	San Francisco General Hospital Psychiatry Grand Rounds	Invited Speaker
2008	UCSF CME Conference, Medical Management of HIV/AIDS, Fairmont Hotel, San Francisco	Invited Speaker
2010	Northern California Psychiatric Society Annual Meeting, Monterey, CA	Invited Speaker
2011	Transgender Mental Health Care Across the Life Span, Stanford University	Invited Speaker
2011	San Francisco General Hospital Department of Psychiatry Grand Rounds	Invited Speaker
2012	UCSF AIDS Health Project	Invited Speaker 2012 San Francisco Veterans Affairs Medical Center.

2013	Association of Family and Conciliation Courts Conference, Los Angeles, CA	Invited Speaker
2014	UCSF Transgender Health elective	Invited Speaker
2014	UCSF Department of Psychiatry Grand Rounds	Invited Speaker
2014	California Pacific Medical Center Department of Psychiatry Grand Rounds	Invited Speaker
2014	UCLA Semel Institute Department of Psychiatry Grand Rounds	Invited Speaker
2015	UCSF Transgender Health elective	Invited Speaker
2015	Fenway Health Center Boston, MA (webinar)	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Invited Speaker
2015	Transgender Health Symposium, Palm Springs	Co-Chair
2015	Santa Clara Valley Medical Center Grand Rounds	Invited Speaker
2016	UCSF School of Medicine Transgender Health elective	Invited Speaker
2016	Langley Porter Psychiatric Institute APC Case Conference	Invited Speaker (2 session series)
2016	Zuckerberg San Francisco General Department of Psychiatry Grand Rounds	Invited Speaker
2016	UCSF Mini-Medical School Lectures to the Public	Invited Speaker
2021	Los Angeles County Department of Mental Health,	Invited Speaker

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT ACTIVITIES

2005	Northern California Psychiatric Society
2005	Northern California Psychiatric Society Annual Meeting, Napa
2005	Association of Gay and Lesbian Psychiatrist Annual Conference
2006	Annual Meeting, American Psychiatric Association, Atlanta
2006	Annual Meeting, American Psychiatric Association, Toronto
2006	Institute on Psychiatric Services, New York
2007	Association of Gay and Lesbian Psychiatrists Annual Conference
2007	American Psychiatric Association Annual Meeting, San Diego
2007	The Medical Management of HIV/AIDS, a UCSF CME Conference
2008	Society for the Study of Psychiatry and Culture, San Francisco

2009	American Psychiatric Association, San Francisco
2009	World Professional Association for Transgender Health, Oslo, Norway
2010	Annual Meeting of the Northern California Psychiatric Society, Monterey, CA
2011	Transgender Mental Health Care Across the Life Span, Stanford University
2011	National Transgender Health Summit, San Francisco
2011	American Psychiatric Association Annual Meeting, Honolulu, HI
2011	World Professional Association for Transgender Health Biennial Conference, Atlanta, GA
2011	Institute on Psychiatric Services, San Francisco
2012	Gay and Lesbian Medical Association Annual Meeting, San Francisco
2013	National Transgender Health Summit, Oakland, CA
2013	American Psychiatric Association Annual Meeting, San Francisco
2013	Gay and Lesbian Medical Association, Denver, CO
2014	American Psychiatric Association Annual Meeting, New York
2014	Institute on Psychiatric Services, San Francisco
2015	European Professional Association for Transgender Health, Ghent, Belgium
2015	National Transgender Health Summit, Oakland
2015	American Psychiatric Association Annual Meeting, Toronto
2016	American Psychiatric Association Annual Meeting, Atlanta
2016	World Professional Association for Transgender Health, Amsterdam

GOVERNMENT AND OTHER PROFESSIONAL SERVICE

1998 - 2002	City and County of San Francisco Human Rights Member Commission LGBT Advisory Committee
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I am the chair of the American Psychiatric Association Workgroup on Gender Dysphoria, which developed a CME course for the 2015 and 2016 APA Annual Meetings, and is now embarking on a larger educational mission to train American psychiatrists to better care for transgender patients. I have been leading education efforts in transgender health at APA meetings since 1998. On the APA Workgroup on Gender Dysphoria, I am a co-author of a paper of transgender issues that has been approved by the American Psychiatric Association as a resource document and is in press for the American Journal of Psychiatry. I am also the sole author of the chapter on transgender care in the American Psychiatric Press's Clinical Manual of Cultural Psychiatry, Second Edition.

I have been active internationally in transgender health through my work as a member of the Board of Directors of the World Professional Association for Transgender Health. I am an author of the WPATH Standards of Care, Version 7, and am Chapter Lead for the Mental Health Chapter of SOC 8.

I chaired the WPATH Public Policy Committee and was a member of the Global Education Initiative, which developed a specialty certification program in transgender health. I helped plan the 2016 WPATH Amsterdam conference, and was on the scientific committee for the last four biennial international conferences. I was on the founding committee of USPATH, the national affiliate of WPATH, and I chaired the inaugural USPATH conference, in Los Angeles in 2017. As a member of the steering committee of the WPATH Global Educational Initiative, I helped train over 2000 health providers in transgender health, and helped develop a board certification program and examination in transgender health.

UNIVERSITY SERVICE UC SYSTEM AND MULTI-CAMPUS SERVICE

1991 – 2003 HIV/AIDS Task Force Member

1992 - 1993 HIV Research Group Member

1992 - 1997	Space Committee	Member
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1992 - 2003	Gay, Lesbian and Bisexual Issues Task Force	Member
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1994 - 1997	SFGH Residency Training Committee	Member
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1996 - 1997	Domestic Partners Benefits Subcommittee.	Chair
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1996 - 2000	Chancellor's Advisory Committee on Gay, Lesbian, and Transgender Issues.	Member Bisexual
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1996 - 2003	HIV/AIDS Task Force	Co-Chair
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1996 - 2003	Cultural Competence and Diversity Program	Member
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2009 - present	Medical Advisory Board, UCSF Center of Excellence for Transgender Health	Member
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2010 - 2013	Steering Committee, Child Adolescent Gender Center	Member
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2011 – 2017 Mental Health Track, National Transgender Health Summit Chair

DEPARTMENTAL SERVICE

- 1991 - 2003 San Francisco General Hospital, Department of Psychiatry, Member HIV/AIDS Task Force
- 1992 - 1993 San Francisco General Hospital, Department of Psychiatry, Member HIV Research Group
- 1992 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Space Committee
- 1992 - 2003 San Francisco General Hospital, Department of Psychiatry, Member GLBT Issues Task Force
- 1994 - 1997 San Francisco General Hospital, Department of Psychiatry, Member Residency Training Committee
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Member Cultural Competence and Diversity Program
- 1996 - 2003 San Francisco General Hospital, Department of Psychiatry, Co-Chair HIV/AIDS Task Force
- 2012 - 2020 San Francisco Department of Public Health Gender Member Competence Trainings Committee
- 2013 - 2020 San Francisco Department of Public Health Transgender Member Health Implementation Task Force
- 2014 - 2020 San Francisco General Hospital, Department of Psychiatry, Member Transgender Surgery Planning Workgroup

PEER REVIEWED PUBLICATIONS

1. Berliner JA, Frank HJL, **Karasic D**, Capdeville M. Lipoprotein-induced insulin resistance in aortic endothelium. *Diabetes*. 1984; 33:1039-44.
2. Bradberry CW, **Karasic DH**, Deutch AY, Roth RH. Regionally-specific alterations in mesotelencephalic dopamine synthesis in diabetic rats: association with precursor tyrosine. *Journal of Neural Transmission. General Section*, 1989; 78:221-9.
3. Targ EF, **Karasic DH**, Bystritsky A, Diefenbach PN, Anderson DA, Fawzy FI. Structured group therapy and fluoxetine to treat depression in HIV-positive persons. *Psychosomatics*. 1994; 35:132-7.
4. Karasic DH. Homophobia and self-destructive behaviors. *The Northern California Psychiatric Physician*. 1996; 37 Nov.-Dec. Reprinted by the Washington State Psychiatric Society and the Southern California Psychiatric Society newsletters.
5. Karasic D. Anxiety and anxiety disorders. *Focus*. 1996 Nov; 11(12):5-6. PMID: 12206111
6. Polansky JS, **Karasic DH**, Speier PL, Hastik KL, Haller E. Homophobia: Therapeutic and training considerations for psychiatry. *Journal of the Gay and Lesbian Medical Association*. 1997 1(1) 41-47.

7. Karasic DH. Progress in health care for transgendered people. Editorial. *Journal of the Gay and Lesbian Medical Association*, 4(4) 2000 157-8.
8. Perry S, **Karasic D**. Depression, adherence to HAART, and survival. *Focus: A Guide to AIDS Research and Counseling*. 2002 17(9) 5-6.
9. Fraser L, **Karasic DH**, Meyer WJ, Wylie, K. Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults. *International Journal of Transgenderism*. Volume 12, Issue 2. 2010, Pages 80-85.
10. Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., Fraser, L., Green, J., Knudson, G., Meyer, W., Monstrey, S., **Karasic D** and 22 others. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version. *International Journal of Transgenderism*, 13:165-232, 2011
11. Tsai AC, **Karasic DH**, et al. Directly Observed Antidepressant Medication Treatment and HIV Outcomes Among Homeless and Marginally Housed HIV-Positive Adults: A Randomized Controlled Trial. *American Journal of Public Health*. February 2013, Vol. 103, No. 2, pp. 308-315.
12. Tsai AC, Mimmiaga MJ, Dilley JW, Hammer GP, **Karasic DH**, Charlebois ED, Sorenson JL, Safren SA, Bangsberg DR. Does Effective Depression Treatment Alone Reduce Secondary HIV Transmission Risk? Equivocal Findings from a Randomized Controlled Trial. *AIDS and Behavior*, October 2013, Volume 17, Issue 8, pp 2765-2772.
13. **Karasic DH**. Protecting Transgender Rights Promotes Transgender Health. *LGBT Health*. 2016 Aug; 3(4):245-7. PMID: 27458863
14. Winter S, Diamond M, Green J, **Karasic D**, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. *Lancet*. 2016 Jul 23;388(10042):390-400. doi: 10.1016/S0140-6736(16)00683-8. Review./> PMID: 27323925
15. Grelotti DJ, Hammer GP, Dilley JW, **Karasic DH**, Sorensen JL, Bangsberg DR, Tsai AC. Does substance use compromise depression treatment in persons with HIV? Findings from a randomized controlled trial. *AIDS Care*. 2016 Sep 2:1-7. [Epub ahead of print]/> PMID: 27590273
16. Strang JF, Meagher H, Kenworthy L, de Vries AL, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, Shumer DE, Edwards-Leeper L, Pleak RR, Spack N, **Karasic DH**, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kushner ES, Mandel F, Caretto A, Lewis HC, Anthony LG. Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. *J Clin Child Adolesc Psychol*. 2016 Oct 24:1-11. [Epub ahead of print]/> PMID: 27775428
17. Milrod C, **Karasic DH**. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. *J Sex Med* 2017;14:624–634.
18. William Byne, Dan H. Karasic, Eli Coleman, A. Evan Eyler, Jeremy D. Kidd, Heino F.L. Meyer-Bahlburg, Richard R. Pleak, and Jack Pula. Gender Dysphoria in Adults:

- An Overview and Primer for Psychiatrists. *Transgender Health*. Dec 2018;57-A3. <http://doi.org/10.1089/trgh.2017.0053>
19. Identity recognition statement of the world professional association for transgender health (WPATH). *International Journal of Transgenderism*. 2018 Jul 3; 19(3):1-2. Knudson KG, Green GJ, Tangpricha TV, Ettner ER, Bouman BW, Adrian AT, Allen AL, De Cuypere DG, Fraser FL, Hansen HT, **Karasic KD**, Kreukels KB, Rachlin RK, Schechter SL, Winter WS, Committee and Board of Direct
 20. **Karasic, DH** & Fraser, L. Multidisciplinary Care and the Standards of Care for Transgender and Gender Non-conforming Individuals. Schechter, L & Safa, B. (Eds.) *Gender Confirmation Surgery, Clinics in Plastic Surgery Special Issue*, Vol 45, Issue 3, pp 295-299. 2018 Elsevier, Philadelphia. <https://doi.org/10.1016/j.cps.2018.03.016>
 21. Milrod C, Monto M, **Karasic DH**. Recommending or Rejecting "the Dimple": WPATH-Affiliated Medical Professionals' Experiences and Attitudes Toward Gender-Confirming Vulvoplasty in Transgender Women. *J Sex Med*. 2019 Apr;16(4):586-595. doi: 10.1016/j.jsxm.2019.01.316. Epub 2019 Mar 2.
 22. ICD-11 and gender incongruence of childhood: a rethink is needed. *Lancet Child Adolesc Health*. 2019 10; 3(10):671-673. Winter S, [Ehrensaft D](#), Telfer M, T'Sjoen G, Koh J, Pickstone-Taylor S, Kruger A, Griffin L, Foigel M, De Cuypere G, **Karasic D**. PMID: 31439494.
 23. Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists. *Focus (Am Psychiatr Publ)*. 2020 Jul; 18(3):336-350. Byne W, **Karasic DH**, Coleman E, Eyler AE, Kidd JD, Meyer-Bahlburg HFL, Pleak RR, Pula J. PMID: 33343244; PMCID: [PMC7587914](#).
 24. WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. E. Coleman, A. E. Radix, W. P. Bouman, G. R. Brown, A. L. C. de Vries, M. B. Deutsch, R. Ettner, L. Fraser, M. Goodman, J. Green, A. B. Hancock, T. W. Johnson, **D. H. Karasic**, G. A. Knudson, S. F. Leibowitz, H. F. L. Meyer-Bahlburg, S. J. Monstrey, J. Motmans, L. Nahata, T. O. Nieder, S. L. Reisner, C. Richards, L. S. Schechter, V. Tangpricha, A. C. Tishelman, M. A. A. Van Trotsenburg, S. Winter, K. Ducheny, N. J. Adams, T. M. Adrián, L. R. Allen, D. Azul, H. Bagga, K. Başar, D. S. Bathory, J. J. Belinky, D. R. Berg, J. U. Berli, R. O. Bluebond-Langner, M.- B. Bouman, M. L. Bowers, P. J. Brassard, J. Byrne, L. Capitán, C. J. Cargill, J. M. Carswell, S. C. Chang, G. Chelvakumar, T. Corneil, K. B. Dalke, G. De Cuypere, E. de Vries, M. Den Heijer, A. H. Devor, C. Dhejne, A. D'Marco, E. K. Edmiston, L. Edwards-Leeper, R. Ehrbar, D. Ehrensaft, J. Einfeld, E. Elaut, L. Erickson-Schroth, J. L. Feldman, A. D. Fisher, M. M. Garcia, L. Gijs, S. E. Green, B. P. Hall, T. L. D. Hardy, M. S. Irwig, L. A. Jacobs, A. C. Janssen, K. Johnson, D. T. Klink, B. P. C. Kreukels, L. E. Kuper, E. J. Kvach, M. A. Malouf, R. Massey, T. Mazur, C. McLachlan, S. D. Morrison, S. W. Mosser, P. M. Neira, U. Nygren, J. M. Oates, J. Obedin-Maliver, G. Pagkalos, J. Patton, N. Phanuphak, K. Rachlin, T. Reed, G. N. Rider, J. Ristori, S. Robbins-Cherry, S. A. Roberts, K. A. Rodriguez-Wallberg, S. M. Rosenthal, K. Sabir, J. D. Safer, A. I. Scheim, L. J. Seal, T. J. Sehoole, K. Spencer, C. St. Amand, T. D. Steensma, J. F. Strang, G. B. Taylor, K. Tilleman, G. G. T'Sjoen, L. N. Vala, N. M. Van Mello,

J. F. Veale, J. A. Vencill, B. Vincent, L. M. Wesp, M. A. West & J. Arcelus (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: 10.1080/26895269.2022.2100644

BOOKS AND CHAPTERS

1. **Karasic DH**, Dilley JW. Anxiety and depression: Mood and HIV disease. In: The UCSF AIDS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention, and Therapeutic Practice. Dilley JW and Marks R, eds. Jossey-Bass. San Francisco, 1998, pp.227-248.
2. **Karasic DH**, Dilley JW. Human immunodeficiency-associated psychiatric disorders. In: The AIDS Knowledge Base, Third Edition. Cohen PT, Sande MA, Volberding PA, eds. Lippincott-Williams & Wilkins, Philadelphia, 1999, pp. 577-584.
3. **Karasic DH** and Drescher J. eds. Sexual and Gender Diagnoses of the Diagnostic and Statistical Manual (DSM): A Reevaluation. 2005. Haworth Press, Binghamton, NY. (Book Co-Editor)
4. **Karasic DH**. Transgender and Gender Nonconforming Patients. In: Clinical Manual of Cultural Psychiatry, Second Edition. Lim RF ed. pp 397-410. American Psychiatric Publishing, Arlington VA. 2015.
5. **Karasic DH**. Mental Health Care of the Transgender Patient. In: Comprehensive Care of the Transgender Patient, Ferrando CA ed. pp. 8-11. Elsevier, 2019.
6. **Karasic DH**. The Mental Health Assessment for Surgery. In: Gender Confirmation Surgery – Principles and Techniques for an Emerging Field. Schechter L ed. Springer Nature, in press 2019.

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1. **Karasic DH**, Dilley JW. HIV-associated psychiatric disorders: Treatment issues. In: Cohen P, Sande MA, Volberding P, eds., The AIDS Knowledge Base. Waltham, MA: The Medical Publishing Group/ Massachusetts Medical Society. 1994. pp. 5.31-1-5.
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3. **Karasic DH**. A primer on transgender care. In: Gender and sexuality. The Carlat Report Psychiatry. April 2012. Vol 10, Issue 4.
4. **Karasic D and Ehrensaft D**. We must put an end to gender conversion therapy for kids. Wired. 7/6/15.

EXPERT WITNESS AND CONSULTATION ON TRANSGENDER CARE AND RIGHTS

2008 Consultant, California Department of State Hospitals

2012 Dugan v. Lake, Logan UT

2012 XY v. Ontario <http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html>

2014 Cabading v California Baptist University

2014 CF v. Alberta

<http://www.canlii.org/en/ab/abqb/doc/2014/2014abqb237/2014abqb237.html>

2017 United Nations Development Programme consultant, transgender health care and legal rights in the Republic of Vietnam; Hanoi.

2017- Forsberg v Saskatchewan; Saskatchewan Human Rights v Saskatchewan

2018 <https://canliiconnects.org/en/summaries/54130>

<https://canliiconnects.org/en/cases/2018skqb159>

2018 United Nations Development Programme consultant, transgender legal rights in Southeast Asia; Bangkok.

2018 Consultant, California Department of State Hospitals

2019, 2021 Consultant/Expert, Disability Rights Washington

2019, 2021 Consultant/Expert, ACLU Washington

2021 Consultant, California Department of Corrections and Rehabilitation

2021 Expert, Kadel v. Folwell, 1:19-cv-00272 (M.D.N.C.).

2021 Expert, Drew Glass v. City of Forest Park - Case No. 1:20-cv-914 (Southern District Ohio)

2021-2022 Expert, Brandt et al v. Rutledge et al. 4:21-cv-00450 (E.D. Ark.)

2021-2022 Expert, Fain v. Crouch, 3:20-cv-00740 (S.D.W. Va.)

2022 Expert, C.P. v. Blue Cross Blue Shield of Illinois, No. 3:20-cv-06145-RJB (W.D. Wash.)

EXHIBIT B – DAN KARASIC BIBLIOGRAPHY

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